

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-042872

6102

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED DEC 14 1962

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in lb 17 yrs.		Inside Limits Yes No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2800 E. 40th St.		d. STREET ADDRESS (If outside, give location) 2800 E. 40th St.	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Daisy Middle Rasmus Last Rasmus			4. DATE OF DEATH Month 11 Day 28 Year 62		
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-4-02	9. AGE (last birthday) 60	IF UNDER 1 YEAR Months 11 Days 28 Hours 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (City and state or country) Wash Chappell, Tex. U.S.A	
12. CITIZEN OF WHAT COUNTRY U.S.A		13a. FATHER'S NAME Charles		13b. MOTHER'S MAIDEN NAME Mattie Robinson	
14. NAME OF HUSBAND OR WIFE Jessie Rasmus		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Lillian Colligan		Address 1900 Patterson Houston, Tex.		INTERVAL BETWEEN ONSET AND DEATH	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhagic Shock		b. Hemothorax		c. Penetrating Gunshot Wound of Right Lung	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 3:30 p.m. Month, Day, Year 11/28/62	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 2800 E 40th.				
20e. CITY, TOWN, OR LOCATION Kansas City, Jackson, Mo.		20f. COUNTY Jackson			
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE L. M. Tillman M.D. Deputy Coroner		22b. ADDRESS 1618 Lydia Ave.		22c. DATE SIGNED 11/28/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-4-62	23c. NAME OF CEMETERY OR CREMATORY City		23d. LOCATION (City, town, or county) (State) Houston, Texas	
24. FUNERAL DIRECTOR Jones & Stevens		ADDRESS 2315 Linwood		25. DATE RECD. BY LOCAL REG. 12-3-62	
26. REGISTRAR'S SIGNATURE Ruth Long					

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.